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CONFIRMATION NO. 2939

<b>SERIAL NUMBER</b> 10/797,284	<b>FILING OR 371(c) DATE</b> 03/10/2004 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3609	<b>ATTORNEY DOCKET NO.</b> 03968-P0001C
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 10/355,425 01/31/2003 which claims benefit of 60/353,811 02/01/2002

*TR*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*TR*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 05/25/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 28	<b>TOTAL CLAIMS</b> 80	<b>INDEPENDENT CLAIMS</b> 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Handwritten Signature</i> Examiner's Signature	<i>TR</i> Initials			

**ADDRESS**

24126

**TITLE**

Weight control system with meal plan and journal

<b>FILING FEE RECEIVED</b> 2280	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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